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FEC FORM 2

STATEMENT OF CANDIDACY

4 /-> N		£II\											
	e of Candidate (ırı tuli)											
Mia I		J = 4 = = 4 \		الحالة على معال		ا- مسم		0.0	-t-'- FFO !	d = 10 £!£!	atia Fi		
(b) Address (number and street) 913 WEST GROUSE CIRCLE				Check if address changed				Candidate's FEC Identification Number H2UT04023					
(c) City, S	State, and ZIP C	ode						3. Is Thi	s	New		V	Amended
_	RATOGA SPRII	NGS		U	Т	84045	5	Stater	ment	(N)	OR	×	(A)
4. Party Aff	iliation		5. Office Soug	ıht			6. State & Dis	trict of Candi	date				
REPUB	LICAN PARTY		House				UT	04					
		DE	SIGNATIO	N OF PF	RINCII	PAL	CAMPAIG	N COMM	ITTEE				
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)												
NOTE: T	his designation	should be fi	led with the ap	propriate of	fice liste	d in th	e instructions.						
(a) Name	e of Committee	(in full)											
Fri	ends of M	ia Love											
(b) Addre	ess (number and	t street)											
	Box 255	311001)											
(c) City, S	State, and ZIP C	Code											
Riv	verton						UT	8406	5				
		DE	SIGNATIO	N OF OT	HER	AUT	HORIZED	СОММІТ	TEES				
							Representativ						
8. I hereby	authorize the fo	llowing nam	ed committee,	which is NO	OT my p	rincipa	l campaign co	mmittee, to re	eceive and	expend	l funds	on bel	nalf of my
candidad	cy.												•
NOTE: T	his designation	should be fi	led with the pri	ncipal camp	aign co	mmitte	e.						
` '	e of Committee	` '											-1
Re	publicans	Inspirin	g Succes	ss & Em	powe	erme	ent Projec	t (RISE	PROJE	CT)			
(b) Addre	ess (number and	d street)											
	Box 2485	i sireet)											
(c) City, S	State, and ZIP C	ode											
Spri	ingfield						VA	22152	2				
	I certify that	t I have exa	mined this Stat	tement and t	to the be	est of n	ny knowledge a	and belief it is	s true, corre	ect and	comple	ete.	
Signature of Candidate Date													
Mia Love [Electronically Filed] 06/10/2016													
						[Electi	опісану ғ неа ј						
NOTE: Subi	mission of false,	erroneous,	or incomplete	information	may sul	oject th	ne person signi	ng this State	ment to per	nalties o	of 2 U.S	S.C. §4	37g.
					1								

FEC FORM 2 (REV. 02/2009)

FEC Form 2 (Rev. 02/2003)		Page 2 /
DESIG	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
hereby authorize the following named committ candidacy.	tee, which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed	d with the principal campaign committee.	
(a) Name of Committee (in full) Republicans Inspiring	Success & Empowerment Project (RISE PROJEC	CT)
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152	
DESIG	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named commit candidacy.	tee, which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE: This designation should be filed	d with the principal campaign committee.	
(a) Name of Committee (in full)		
COMMITTEE TO PRO	TECT PROSPERITY AND FREE ENTERPRISE	
(b) Address (number and street) PO BOX 30844		
(c) City, State and ZIP Code		
BETHESDA	MD 20824	
DESIG	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named commit candidacy.	ttee, which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed	d with the principal campaign committee.	
(a) Name of Committee (in full)		
Republicans Inspiring	Success & Empowerment Project (RISE PROJEC	CT)
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152	

FEC Form 2 (Rev. 02/2003)		Page 3 /
DESIG	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committ candidacy.	tee, which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed	d with the principal campaign committee.	
(a) Name of Committee (in full) COMMITTEE TO PRO	TECT PROSPERITY AND FREE ENTERPRISE	
(b) Address (number and street) PO BOX 30844		
(c) City, State and ZIP Code		
BETHESDA	MD 20824	
DESIG	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named commit candidacy.	tee, which is NOT my principal campaign committee, to receive and expend funds of	on behalf of my
NOTE:This designation should be filed	d with the principal campaign committee.	
(a) Name of Committee (in full)		
TEAMPAC		
(b) Address (number and street) PO BOX 9891		
(c) City, State and ZIP Code		
ARLINGTON	VA 22219	
DESIG	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named commit candidacy.	tee, which is NOT my principal campaign committee, to receive and expend funds of	on behalf of my
NOTE:This designation should be filed	d with the principal campaign committee.	
(a) Name of Committee (in full)		
Republicans Inspiring	Success & Empowerment Project (RISE PROJEC	CT)
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152	

FEC Form 2 (Rev. 02/2003)		Page 4 /
DESIGNA	TION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
hereby authorize the following named committee, w candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE: This designation should be filed with	n the principal campaign committee.	
(a) Name of Committee (in full)		
COMMITTEE TO PROTE	CT PROSPERITY AND FREE ENTERPRISE	
(b) Address (number and street) PO BOX 30844		
(c) City, State and ZIP Code		
BETHESDA	MD 20824	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, v candidacy.	which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed with	h the principal campaign committee.	
(a) Name of Committee (in full)		
TEAMPAC		
(b) Address (number and street) PO BOX 9891		
(c) City, State and ZIP Code		
ARLINGTON	VA 22219	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, v candidacy.	which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed with	h the principal campaign committee.	
(a) Name of Committee (in full)		
Republicans Inspiring Suc	ccess & Empowerment Project (RISE PROJEC	CT)
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152	

FEC Form 2 (Rev. 02/2003)		Page 5 / 6
DESIGI	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committe candidacy.	ee, which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed	with the principal campaign committee.	
(a) Name of Committee (in full) COMMITTEE TO PRO	TECT PROSPERITY AND FREE ENTERPRISE	
(b) Address (number and street) PO BOX 30844		
(c) City, State and ZIP Code		
BETHESDA	MD 20824	
DESIG	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee candidacy.	ee, which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed	with the principal campaign committee.	
(a) Name of Committee (in full)		
LOVE VICTORY COMM	MITTEE	
(b) Address (number and street) 824 S MILLEDGE AVENUE SUITE 101		
(c) City, State and ZIP Code		
ATHENS	GA 30605	
DESIG	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committe candidacy.	ee, which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed	with the principal campaign committee.	
(a) Name of Committee (in full)		
TEAMPAC		
(b) Address (number and street) PO BOX 9891		
(c) City, State and ZIP Code		
ARLINGTON	VA 22219	

(c) City, State and ZIP Code

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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[ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) ZELDIN-LOVE VICTORY FUND (b) Address (number and street) 824 S MILLEDGE AVE STE 101 (c) City, State and ZIP Code **ATHENS** GΑ 30605 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)